

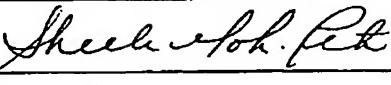
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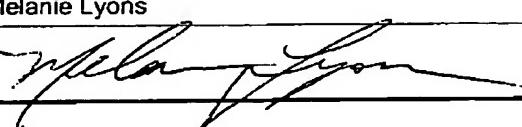
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JAN 27 2006

<b>TRANSMITTAL FORM</b> <small>(to be used for all correspondence after initial filing)</small>		Application Number	10/694,978
		Filing Date	10/27/2003
		First Named Inventor	Jacqueline C. TIMANS
		Art Unit	1646
		Examiner Name	P.M. Mertz
Total Number of Pages In This Submission	13	Attorney Docket Number	DX0904KB1

<b>ENCLOSURES (Check all that apply)</b>			
<input checked="" type="checkbox"/> Fee Transmittal Form (1 pg.) <input type="checkbox"/> Fee Attached  <input checked="" type="checkbox"/> Amendment/Reply (11 pgs.) <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	Drawing(s)		After Allowance Communication to Group
	<input type="checkbox"/> Licensing-related Papers		Appeal Communication to Board of Appeals and Interferences
	<input type="checkbox"/> Petition		Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
	<input type="checkbox"/> Petition to Convert to a Provisional Application		Proprietary Information
	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address		Status Letter
	<input type="checkbox"/> Terminal Disclaimer		Other Enclosure(s) (please identify below):
	<input type="checkbox"/> Request for Refund		
	<input type="checkbox"/> CD, Number of CD(s) _____		
		Remarks:	

<b>SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT</b>	
Firm or Individual	Sheela Mohan-Peterson, Reg. No. 41,201 DNAX Research, Inc. 901 California Ave. Palo Alto, CA 94304-1104
Signature	
Date	27 - Jan - 2006

<b>CERTIFICATE OF TRANSMISSION/MAILING</b>			
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Typed or printed	Melanie Lyons		
Signature		Date	1-27-06

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<small>Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</small>		<i>Complete if Known</i> <u>JAN 27 2006</u>	
<b>FEE TRANSMITTAL</b> <b>For FY 2005</b>		Application Number	10/694,978
		Filing Date	10/27/2003
		First Named Inventor	Jacqueline C. TIMANS
		Examiner Name	P.M. Mertz
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Art Unit	1646
TOTAL AMOUNT OF PAYMENT	(\$ 0)	Attorney Docket No.	DX0904KB1

**METHOD OF PAYMENT** (check all that apply)

Check  Credit Card  Other  None  
 X Deposit Account: Deposit Account Number: 04-1239 Deposit Account Name: DNAX Research, Inc.  
 For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  
 Charge fee(s) indicated below  Charge fee(s) indicated below, except for the filing fee  
 Charge any additional fee(s) or underpayments  Credit any overpayments  
 of fee(s) under 37 CFR 1.16 and 1.17

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**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

<u>Application Type</u>	<u>FILING FEES</u>		<u>SEARCH FEES</u>		<u>EXAMINATION FEES</u>		<u>Fees Paid (\$)</u>
	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES****Fee Description**

Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent

<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>
	50	25
	200	100
	360	180

Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent

Multiple dependent claims

<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
7 - 20 or HP =	0	x	=			

HP = highest number of total claims paid for, if greater than 20

<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
1 - 3 or HP =	0	x	=

HP = highest number of independent claims paid for, if greater than 3

**3. APPLICATION SIZE FEE**

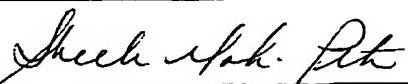
If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
- 100 =		/ 50 = (round up to a whole number) x		

**4. OTHER FEE(S)**

Other: \_\_\_\_\_

Fees Paid (\$)  
\_\_\_\_\_

<b>SUBMITTED BY</b>		(Complete if applicable)		
Name (Print/Type)	Sheela Mohan-Peterson	Registration No.	41,201	Telephone 1-650-496-6400
Signature				Date <u>27-Oct-2006</u>

Appl. No. 10/694,978  
Amdt. dated January 27, 2006  
Reply to Office action of 10/27/2005

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## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

JAN 27 2006

In re application of:

Jacqueline C. TIMANS

Application No.: 10/694,978

Filed: October 27, 2003

For: IL-1-LIKE CYTOKINE  
ANTIBODIES (as amended)

Examiner: P.M. MERTZ

Art Unit: 1646

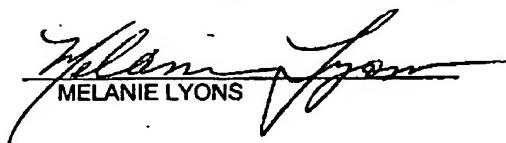
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Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

by:

MELANIE LYONS

AMENDMENT AND RESPONSE

Honorable Sir:

In response to the Office action dated October 27, 2005, Applicant submits the following amendment and response. Reconsideration is respectfully considered.

Please amend the above-identified application as follows:

**Amendments to the Specification** begin on page 2 of this paper.

**Amendments to the Claims** are reflected in the listing of claims that begins on page 3 of this paper.

**Remarks/Arguments** begin on page 6 of this paper.